

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037083

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 273

Primary Registration District No. 5915

Registrar's No. 130

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 24 1963

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Central Twp.		c. CITY OR TOWN Perryville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.4.		d. STREET ADDRESS (If outside, give location) R.4.	

3. NAME OF DECEASED (Type or print) Edward Vickroy Nations			4. DATE OF DEATH Month Sept. Day 11 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 17, 1890	9. AGE (last birthday) 73	IF UNDER 1 YEAR IF UNDER 24 Hrs. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Perry County, Mo., U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Wm. C. Nations	13b. MOTHER'S MAIDEN NAME Dora B. Clifton	14. NAME OF HUSBAND OR WIFE May Nations
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) Unknown		16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Mrs. May Nations		17. ADDRESS Perryville, Mo., R.4.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Failure		INTERVAL BETWEEN ONSET AND DEATH 4 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary insufficiency		5 hrs
DUE TO (c) Diabetes mellitus		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION. COUNTY STATE
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21. I attended the deceased from 1939 to 9-11-63 and last saw him alive on 9-7-63	
Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE Wm. C. Nations	(Degree or title) Dr.	22b. ADDRESS Perryville, Mo.	22c. DATE SIGNED 9/12/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-14-63	23c. NAME OF CEMETERY OR CREMATORY Home Cemetery	23d. LOCATION (City, town, or county) Perryville, Mo.
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24. FUNERAL DIRECTOR Albert Bey	ADDRESS Perryville, Mo.	25. DATE RECD. BY LOCAL REG. 9-14-63	26. REGISTRAR'S SIGNATURE Joe J. Zollner
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0790

2 0790

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SEP 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer _____

Signed

~~Licensed Embalmer No~~

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.